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***Elderly Latino Diabetic Mortality Rate  
More Than Twice As High As Non-Hispanic Whites***

***Tenet Healthcare Foundation-Funded Survey  
Confirms Diabetes Is a “Latino Disease”***

**LOS ANGELES, Calif., July 10 2001** – Initial results from a **UCLA-led study** has found that the mortality rate of Hispanics ages 65-74 years with diabetes is more than twice the rate of non-Hispanic Whites. The same study also reported that, at any age level, the Latino mortality rate remains twice as high as non-Hispanic Whites.

The study was conducted for the Roybal Immunization Consortium for Older Adults (RICO) in a joint project involving the UCLA Center for the Study of Latino Health & Culture, the Edward R. Roybal Institute for Applied Gerontology at California State University, Los Angeles, the California Department of Health, and the Centers for Disease Control and Prevention, National Immunization Program. Funding for the study was provided by the Tenet Healthcare foundation.

**Survey Reveals Differences In Latino Attitude Towards Diabetes**

Diabetes has been termed a “Latino disease” because, as one of the top 10 causes of death, it is the only one for which the Hispanic rate is significantly higher than the non-Hispanic White rate.

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“Diabetes is a major source of health problems, particularly among the elderly in the Hispanic community,” said David E. Hayes-Bautista, lead researcher and director of the Center for the Study of Latino Health and Culture at the UCLA School of Medicine. “Educational programs to reach this group are desperately needed.”

The survey revealed new findings about the attitude of many Hispanics towards diabetes, including:

- Hispanic elderly are more likely than non-Hispanic Whites to cite the role of emotional factors, such as “susto” (strong emotional shock or trauma), “nervios” (emotional upset, not quite as strong as “susto”) and stress as causative factors for diabetes
- Nearly one-sixth (13 percent) of the diabetic Hispanic elderly have never had an eye exam. Reasons cited include an incomplete knowledge of the diabetes process and an incomplete knowledge of the medical care system. One of the consequences of untreated diabetes is eye damage, particularly glaucoma; if left untreated, diabetes can cause loss of vision
- Latino elderly were as likely as non-Hispanic White to cite the role of heredity, diet and overweight in the causation of diabetes
- Surprisingly, Latino elderly (14 percent) were no more likely than non-Hispanic White elderly (12 percent) to believe that diabetes cannot be prevented or managed, dispelling the notion that Latinos are “fatalistic”

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## **Culturally-Sensitive, Bilingual Educational Programs Needed**

While the vast majority of survey respondents preferred to take the interview in Spanish; nearly one-third preferred English, indicating the importance of a bilingual educational program to reach this group.

“The results of the survey have tremendous implications in the development and implementation of services and education for Latinos,” said Gustavo Valdespino, senior vice president, operations, Southern California for Tenet HealthSystem, sponsor of the survey. “Culturally sensitive, bilingual educational materials and support for diabetes management need to be top priorities.”

### **About The Study**

The RICO survey sampled 602 Hispanic and 577 non-Hispanic White elderly residents. The survey included elderly immigrant Latinos, U.S.-born Latinos, and non-Hispanic Whites. The population-based, random digital dial telephone survey was conducted in two large target areas of Los Angeles County.

### **About Tenet HealthSystems**

Tenet Healthcare owns and operates 111 acute care hospitals and numerous health care services nationally. Tenet is the largest hospital network in Southern California and the leading provider of health care services to the Latino community. A great majority of Tenet hospitals are located in predominantly Hispanic areas and offer quality care along with culturally relevant programs that address the health care needs of the growing Latino population. Since 1998, the Tenet Healthcare Foundation is committed to improving the well-being of the Latino community through the development of programs with organizations such as the American Diabetes Association and the American Lung Association.

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**LATINO ELDERLY IN LOS ANGELES**  
**AND DIABETES:**  
**BELIEFS AND BEHAVIORS**

by

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**LATINO ELDERLY IN LOS ANGELES AND DIABETES:  
BELIEFS AND BEHAVIORS**

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## INTRODUCTION

Diabetes has often been termed a “Latino disease,” and for very good reason: It is the only one of the top ten causes of death for which the Latino rate is significantly higher than the non-Hispanic white rate.

Particularly in an elderly Latino population, diabetes is a major source of health problems, and health care expenditures. Education about diabetes, and support for diabetes management need to be top priorities for programs serving this type of population.

This report provides information about Latino elderly perceptions — knowledge, attitudes and behaviors — about diabetes that should be taken into account when developing programs.

Data about Latino elderly and diabetes are spotty and incomplete. The information in this report comes from a variety of sources, each one of which provides a limited, partial view of the world of Latino elderly and diabetes. The major sources utilized include:

- Summary Death File, 1996. The death file provides information taken from death certificates, which are quite comprehensive. However, the file only provides data on those who have died; no information is given about prevalence, that is, about people who now have diabetes but have not yet died. The mortality data are useful in determining that there is a greater prevalence of diabetes mortality — hence, one assumes, of prevalence — in Latino elderly compared to non-Hispanic white elderly.
- The RICO survey. In a joint project involving the Center for the Study of Latino Health & Culture, UCLA, with the Edward R. Roybal Institute for Applied Gerontology at California State University, Los Angeles; the California Department of Health; and the Centers for Disease Control and Prevention, National Immunization Program, a survey was done in 1997 of Latino and non-Hispanic white elderly in Los Angeles County for the Roybal Immunization

Consortium for Older Adults (RICO). This survey was a population-based, random-digit dial telephone survey conducted in two large target areas of Los Angeles County. The sample contained 602 Latino and 577 non-Hispanic white elderly. These robust numbers provide an overall error rate of plus or minus 3 per cent, and can be safely generalized to the Latino and non-Hispanic white elderly in Los Angeles County. Descriptive cross-tabulations presented here are taken from that survey. More rigorous analyses are being conducted.

## **Findings**

Latino elderly (age 65–74) have a mortality rate due to diabetes over twice as high as non-Hispanic white elderly.

Latino elderly are far more likely to wish to communicate in Spanish.

Latino identified diabetic elderly are far more likely to have never had an eye check.

Latino elderly were as likely as non-Hispanic white elderly to cite the role of heredity, diet and overweight in the causation of diabetes.

However, Latino elderly were more likely to also cite the role of emotional factors — *susto*, *nervios* and stress (see text for explanation of terms) — as causative factors than were non-Hispanic white elderly.

Interestingly, Latino elderly were no more fatalistic than non-Hispanic white elderly.

## **Implications**

**For Services:** The lower rate of eye checks for those Latino elderly identified as diabetics needs to be addressed. The fewer checks are the result of two issues: an incomplete knowledge of the diabetes disease process, and an incomplete knowledge of the medical care system. Services programs need to reach out actively to this population, to ensure that their knowledge base is completed, and that the way is smoothed for them to undertake the check-up behaviors.

**For Education:** First and foremost, there is a tremendous need for linguistically appropriate educational materials. With the vast majority of Latino elderly more comfortable in Spanish than in English, the need for instructors and materials in Spanish should be self-evident. Secondly, give the Latino perception of “culturally located” causes of diabetes — *susto*, *nervios* and stress — the materials need to be culturally relevant, incorporating and addressing Latino constructs of diabetes.

Overall, our final suggestion is to discard the notion that Latino elderly are so fatalistic that little will work with them. As shown in this survey, Latino elderly are no more fatalistic than non-Hispanic white elderly. An incomplete knowledge about the diabetes disease process and an unsophisticated knowledge of the complex medical care delivery system should not be construed as fatalism: these are educational lacunae that can be addressed by culturally appropriate activities.